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Patent, Trademark, Copyright and Related Matters.

November 16, 2006

VIA FACSIMILE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

New Powers of Attorney with Revocation of Prior Powers

U.S. Patent Application Serial Nos. 07/233,420; 07/248,625; 374,939; 07/800,287; 08/101,737; 09/597,682; 09/691,989; 09/911,646; 10/090,089;

10/166,912; 10/428,950; 10/640,622; 10/870,645; & 11/099,032.

Inventor: Jamie S. Leach

Att'y Dkt. Nos.: 4400-011, 012, 013, 014, 015, 016, 017, 018, 019, 020,

021, 022, 023, & 024, respectively.

Commissioner:

Transmitted herewith for filing in the patents issuing on the above-referenced patent applications are powers of attorney.

Please contact the undersigned if there are any questions concerning the above applications or this transmission.

Yours truly.

Mary M. Lee Reg. No. 31,976

Customer No. 023547

MML/ibw

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8(a)

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Date: November 16, 2006

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PTC:/SB/82 (01-06)
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Application Number **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY**

AND CHANGE OF CORRESPONDENCE ADDRESS

-

| Application Number | 10/640,622 |
|------------------------|----------------|
| Filing Date | 08/14/2003 |
| First Named Inventor | Jamie S. Leach |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 4400-022 |
| | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | |
|---|--|--|
| A Power of Attorney is submitted herewith. | | |
| OR ✓ I hereby appoint t | the practitioners associated with the Customer Number. 23547 | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 23547 OR | | |
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| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | |
| SIGNATURE of Applicant or Assignee of Record | | |
| Signature michael | | |
| Name Jamie S. Lea | | |
| Date //. | -16-2006 Telephone 800-525-1050 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| | forms are submitted. | |

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